

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1. Date of Request: _____		2. Serial/Patent # 10/518755		
3. Please refund the following fee(s):		4. PAPER NUMBER	5. DATE FILED	6. AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input checked="" type="checkbox"/>	Other			\$ 100
		7. TOTAL AMOUNT OF REFUND		\$ 100.
		8. TO BE REFUNDED BY:		
10. REASON:		<div style="border: 1px solid black; padding: 5px;"> Treasury Check Credit Deposit A/C #: <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 23--0975 </div> </div>		
<input checked="" type="checkbox"/>	Overpayment			
<input type="checkbox"/>	Duplicate Payment			
<input type="checkbox"/>	No Fee Due (Explanation):			
11. REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		TITLE: <u>Paralegal</u>		
SIGNATURE: <u>Winston Alvarado</u>		PHONE: <u>703-308-9140-260</u>		
OFFICE: _____				

THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: